

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3563ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2010
NAME OF PROVIDER OR SUPPLIER CENTENNIAL SPINE AND PAIN CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4454 NORTH DECATOR BLVD LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 26855 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 02/10/10 and finalized on 02/11/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	A 00		
A 87 SS=A	<p>NAC 449.982 Sanitation and Housekeeping</p> <p>The administrator shall ensure that the sanitation and housekeeping staff of the center:</p> <p>1. Maintains a clean and sanitary environment in the center with particular regard for:</p> <p>(c) An effective program to control pests.</p> <p>This Regulation is not met as evidenced by:</p> <p>Surveyor: 26855 Based on interview and document review the facility failed to ensure there was an agreement</p>	A 87		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 87	Continued From page 1 or contract with a vendor for pest control at the facility. Severity: 1 Scope: 1	A 87			
A100 SS=F	NAC 449.983 Protection from Fires and Other Disasters 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and document review the facility failed to ensure quarterly fire drills were conducted each quarter for the year 2009 and failed to have written reports or evaluations for all quarterly fire drills on record at the facility for the year 2009. Severity: 2 Scope: 2	A100			
A102 SS=E	NAC 449.983 Protection from Fire and Other Disaster 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in	A102			

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A102	Continued From page 2 the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (i)A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and document review the facility failed to conduct an annual disaster drill for the year 2009 and failed to have any written reports or evaluations of disaster drills on record at the facility. Severity: 2 Scope: 1	A102		
A118 SS=F	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (d) Such health records as are required by chapter 441A of NAC. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and record review the facility failed to ensure 4 out of 7 employees had evidence of a pre-employment physical examination or certification from a licensed physician that the person was in a good state of health and free from active tuberculosis and any other communicable disease in a contagious state. (Employees # 4, #5, #6, #7) Severity: 2 Scope: 3	A118		

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A171	Continued From page 3	A171		
A171 SS=E	<p>NAC 449.992 Pathological Services</p> <p>1. Pathology services must be provided by a staff pathologist or by a pathologist used as a consultant by the ambulatory surgical center. The pathologist must be licensed to practice in this state.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and document review the facility failed to have a contract or agreement for pathology services.</p> <p>Severity: 2 Scope: 2</p>	A171		

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